

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		1		
18		1		1		
19		1		1		
20		1		1		
21	1		1			
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50						
TOTAL IND.	4		4			
TOTAL DEP.	20		21			
TOTAL CLAIMS	24		25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						